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## BIB DATA SHEET

CONFIRMATION NO. 1298

<b>SERIAL NUMBER</b> 10/540,059	<b>FILING or 371(c) DATE</b> 06/22/2005 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> 515858-2009		
<b>APPLICANTS</b> Kenneth G. Morallee, Kent, UNITED KINGDOM; Helge Fossan, Stavanger, NORWAY; Einar Egelandstal, Stavanger, NORWAY; Helge Myklebust, Stavanger, NORWAY; <b>** CONTINUING DATA ***** B.G.</b> This application is a 371 of PCT/NO03/00435 12/22/2003 <b>** FOREIGN APPLICATIONS ***** B.G.</b> NORWAY 20026218 12/23/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/BRUK A</u> Acknowledged <u>GEBREMICHAEL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  UNITED KINGDOM	<b>SHEETS DRAWINGS</b>  7	<b>TOTAL CLAIMS</b>  17	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b> William F Lawrence Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151 UNITED STATES						
<b>TITLE</b> Device for placement between the hands of a person performing chest compression and the chest of a patient						
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			